

400 Garden City Plaza
Garden City, New York 11530
(516) 742-4343 - Telephone
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e-mail: intprop@ssmp.com

**SCULLY, SCOTT, MURPHY
& PRESSER**

SEP 20 PM 2:13

US PATENT & TRADEMARK
OFFICE#6 Reg. so / Refund
10-10-01**Fax**

To: US Patent & Trademark Office	From: E. Gilroy
Fax: 703-308-5077	Pages: 5
Phone:	Date: 09/19/2001
Re: June 2000 Deposit Account Statement	Attn: Refund Section, Office of Finance

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Following is our request for a refund of \$156.00, along with a copy of our June 2000 Deposit Account Statement, showing a duplicate charge for Independent Claims in Excess of Three.

Thank you.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hisayoshi Usui

Serial No.: 09/595,494

Filing date: June 15, 2000

Docket: 13700

Attention: Refund Section, Accounting Division
Office of Finance

REQUEST FOR REFUND

Sir/Madam:

For the reason set forth below, Applicant(s) representatives request that they be refunded \$156.00 by crediting this amount to Deposit Account No. 19-1013. This amount is the official fee for Independent Claims in Excess of Three, which was charged to Deposit Account No. 19-1013 on June 23, 2000, Control No. 46 (Copy attached).

The official fee for the Independent Claims in Excess of Three was enclosed by check which also included the Basic Filing Fee. (Copy of Patent Application Transmittal letter also attached)

It is respectfully requested that Deposit Account No. 19-1013 be credited in the amount of \$156.00.

Eileen Gilroy
Accounting Department

Scully, Scott, Murphy & Presser
400 Garden City Plaza
Garden City, New York 11530
(516) 742-4343
Dated: September 19, 2001



U.S. Patent and Trademark Office

OFFICE OF FINANCE

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Deposit Account Statement

Requested Statement Month: June 2000
 Deposit Account Number: 191013
 Name: SCULLY, SCOTT, MURPHY & PRESSER
 Attention: DEBORAH SHEEHAN
 Address: A PROFESSIONAL CORPORATION
 City: GARDEN CITY
 State: NY
 Zip: 11530-0299

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
06/01	140	09463731		704	-\$130.00	\$25,752.88
06/02	83	09579206		704	-\$126.00	\$25,878.88
06/05	27	09270855	12522	116	\$380.00	\$25,498.88
06/06	25	09169584	11728	203	\$18.00	\$25,480.88
06/07	223	09575085	13449	581	\$40.00	\$25,440.88
06/09	223	09555776	13603	971	\$420.00	\$25,020.88
06/09	224	09555776	13603	967	\$27.00	\$24,993.88
06/09	225	09555776	13603	581	\$40.00	\$24,953.88
06/09	226	09555776	13603	581	\$40.00	\$24,913.88
06/12	38	5610013		142	\$897.00	\$24,016.88
06/12	125	75152650		364	\$25.00	\$23,991.88
06/13	1	09092431	11471(SGNA10	117	\$490.00	\$23,501.88
06/13	2	09092431	11471(SGNA10	131	\$690.00	\$22,811.88
06/13	3	09092431	11471(SGNA10	103	\$468.00	\$22,343.88
06/13	6	6055944		561	\$15.00	\$22,328.88
06/21	5	09111840	AM9-98-089	117	\$870.00	\$21,458.88
06/23	46	09595494	13700	102	\$156.00	\$21,302.88
06/23	57	09535195		704	-\$453.00	\$21,755.88
06/23	162	09074222	10939CA99701	115	\$110.00	\$21,645.88
06/27	22	09465655	9014	110	-\$36.00	\$21,681.88
06/28	84	09598338		704	-\$144.00	\$21,825.88
06/30	6	P102529		122	\$130.00	\$21,695.88

START
BALANCE

SUM OF
CHARGES

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REPLENISH

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SCULLY, SCOTT, MURPHY & PRESSER
 A PROFESSIONAL CORPORATION
 400 GARDEN CITY PLAZA
 GARDEN CITY, NEW YORK 11530-0299

REMITTANCE ADVICE									
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PAY

DATE	TO THE ORDER OF	CHECK NO.	CHECK AMOUNT
	<i>Commissioner of Patents</i>	210149630 032 2302 2308 08 21	846

BUSINESS ACCOUNT

THE BANK OF NEW YORK

STEWART AVE. & CLINTON ROAD
GARDEN CITY, N.Y. 11530

Linda A. Hagemeyer

⑈00024731⑈ ⑆021410637⑆ ⑆6400648616⑆

⑈0000084600⑈

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UTILITY PATENT APPLICATION TRANSMITTAL

(Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No.
13700

Total Pages in this Submission
3

Accompanying Application Parts (Continued)

15. ☒ Certified Copy of Priority Document(s) (If foreign priority is claimed)

16. ☐ Additional Enclosures (please identify below):

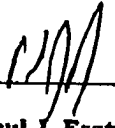
Fee Calculation and Transmittal

CLAIMS AS FILED

For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	16	- 20 =	0	x \$18.00	\$0.00
Indep. Claims	5	- 3 =	2	x \$78.00	\$156.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
BASIC FEE					\$690.00
OTHER FEE (specify purpose)					\$0.00
TOTAL FILING FEE					\$846.00

- ☒ A check in the amount of \$846.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below. A duplicate copy of this sheet is enclosed.
- ☐ Charge the amount of _____ as filing fee.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.
- ☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

Dated: June 16, 2000


 Signature
 Paul J. Esatto, Jr.
 Reg. No.: 30,749
 SCULLY, SCOTT, MURPHY & PRESSER
 400 Garden City Plaza
 Garden City, New York 11530
 (516) 742-4343

cc: